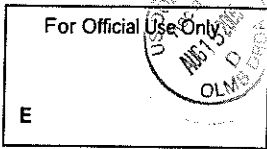


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8011	2. Fiscal Year Covered From: 1/1/04 Through: 12/31/04
3. Name and address of person filing. Name William T Green P.O. Box, Bldg., Room No., if any Street 100 Kingston Dr. City Pgh State Pa ZIP Code + 4 15235	4. Name, file number, and address of labor organization. Name Bricklayers and Allied Craft Labor Organization File Number 540-049 P.O. Box, Building and Room Number, if any Street 100 Kingston Dr. City Pgh State Pa ZIP Code + 4 15235
5. Position in labor organization. Vice Pres	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Three Rivers Amenity Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any c/o Gem Group Street 1200 Three Gateway Ctr. City Pgh State Pa ZIP Code + 4 15232	7.a. Nature of Interest, Transaction, or Income. meeting expenses including dinner on 1-20-04 7.b. Amount. 61.71

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed William T Green

On 8-12-05 4128250923  
Date Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number <b>U - 8011</b>	2. Fiscal Year Covered From: <b>1/1/04</b> Through: <b>12/31/04</b>
3. Name and address of person filing. Name <b>William T Green</b>  P.O. Box, Bldg., Room No., if any  Street <b>100 Kingston Dr.</b> City <b>Pgh</b> State <b>Pa</b> ZIP Code + 4 <b>15235</b>	4. Name, file number, and address of labor organization. Name <b>Brockmyers and Allied Craft</b>  Labor Organization File Number <b>540-049</b> P.O. Box, Building and Room Number, if any  Street <b>100 Kingston Dr.</b> City <b>Pgh</b> State <b>Pa</b> ZIP Code + 4 <b>15235</b>
5. Position in labor organization. <b>Vice Pres</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <b>Three Rivers Annuity Fund</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>C/O Gem Group</b>  Street <b>1200 Three Gateway Ctr.</b> City <b>Pgh</b> State <b>Pa</b> ZIP Code + 4 <b>15232</b>	7.a. Nature of Interest, Transaction, or Income. <b>meeting expenses including dinner on 10-19-04</b>  7.b. Amount. <b>46.20</b>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

**William T Green**

On

**8-12-05**

Date

**412 8250923**

Telephone Number